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ABSTRACT

Despite 30 years of anti-poverty programs in the United States, poverty in the United States has intensified. One such program, Head Start, demonstrated that it is possible to enhance the educational outcomes of poor children. Updated and improved, Head Start has the potential to become a more successful weapon against poverty. Inadequate funding, quality problems and lack of socioeconomic integration have plagued Head Start since its inception, sometimes reducing in practice the effectiveness of an otherwise sound concept. Head Start needs to be improved in numerous ways, through increased funding, year-round programs with longer hours, more parent participation, and, most of all, the extension of Head Start past the preschool years and into the elementary and middle grades. The most efficient and effective way to accomplish this last goal is to revamp and integrate the federal Chapter 1 Program, designed to improve academic achievement among economically and educationally deprived children from preschool to high school, into Head Start, focusing on preventive, comprehensive, parent-orientated services. (MDM)

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Reshaping Early Childhood Intervention to Be a More Effective Weapon Against Poverty

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Speech delivered to the American Psychological Association upon the acceptance of the Seymour B. Sarason Award, August 20, 1993, Toronto, Canada

This speech is dedicated to the memory of Esther Sarason in recognition of her lifetime of effort in behalf of vulnerable and impaired children.

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Nearly 30 years ago the United States declared an all-out war against poverty, but it is a war we did not win. Over the years the enemy has become stronger, its victims more numerous, and its consequences more devastating. Today nearly one in every four children lives in poverty. Compared to the 1960s, the environments where they are raised include more homelessness, street violence, illegal drugs, and single-parent families; affordable health and child care services have become less accessible; and many schools in poor districts have become war zones rather than centers of learning. The AIDS crisis, which was nonexistent three decades ago, and the soaring incidence of prenatal drug exposure have jeopardized the futures of tens of thousands of poor children even before their births.

Although the face of poverty has grown uglier, most of the war's weapons have been blunted or dismantled. An exception is Project Head Start, still standing on a foundation of hope that poor children can learn to succeed and that their parents can be empowered to improve their own life chances. Since 1965 over 13 million Head Start graduates have entered school healthier and better prepared to learn; their parents have acquired better child-rearing skills, become involved in their children's education, and many have gained job skills and employment through the program. These accomplishments have earned Head Start grassroots support and zealous endorsement by policymakers. A common hope is that if the program is made available to all poor

preschoolers, they will not grow up to be poor.

But Head Start did not end poverty in the 1960s, nor can it conquer the crueler circumstances of poverty that exist today. No single program, no matter how good, can overcome the need for decent housing, jobs that provide a living wage, safe neighborhoods, and positive role models. Head Start did show that it is possible to enhance the educational outcomes of poor children and to boost some aspects of their families' functioning, but these are small pieces of a solution to a multidimensional problem. Yet because it is a step in the right direction, its expansion is justified. Updated and improved, Head Start has the potential to become a more successful weapon against poverty.

Since Head Start began, the fields of early intervention, preschool education, and family support have blossomed and produced a wealth of knowledge that can help the program better meet the needs of today's economically disadvantaged population. The literature shows beyond a doubt that Head Start's basic concept, methodology, and goals are sound. That is, when young children receive comprehensive services, including physical and mental health care, nutrition, and a developmentally appropriate educational program, when their parents are involved in their activities, and when their families receive needed services and support, they do become more competent socially and academically. But the literature also shows that these services must be of high quality to achieve desired outcomes. There are almost 1,400 Head

Start programs, and many of them are excellent. Others, however, are mediocre, and some are downright poor.

Quality problems have actually plagued Head Start since its hasty beginnings. In a matter of a few months, the program was transformed from an idea before the planning committee to a national summer preschool serving over one-half million children. Quality controls were left behind, and the program has been playing catch-up ever since. Although we now have performance standards and other safeguards, funds to train staff to implement them and to monitor centers for compliance have nearly disappeared. The best standards in the world are meaningless if they are not enforced.

Years of inadequate funding have jeopardized quality in all of the services that define Head Start. Although the program remains a major provider of health care to poor children, not all of them are receiving the care that they need. Social service caseloads are far too high, with some workers having responsibility for over 500 families. Parents are not as involved as they should be. The physical facilities in many locations are falling apart. Probably the most telling sign of deteriorating quality is the salary scale. Starting wages are often less than $10,000 a year, and even the most experienced teachers average about $15,000. It is no wonder that not even half of Head Start teachers have college degrees. Staff are apparently committed to their jobs, because turnover is lower than in other early care and education programs. Yet in the 30%

of Head Start centers that do experience turnover, the rate is higher than 60%. Quality care cannot be provided under such circumstances. Finally, to meet the expansion goal of tripling the size of Head Start in the next few years, growth has been frenzied and not well planned. This has only exacerbated existing problems and created some new ones.

Head Start's difficulties have to do with implementation, not design. Over the years the program has been so successful in preparing poor children for school that policymakers believe Head Start is worth fixing. In 1990 they passed legislation that reserves 25% of expansion funds for quality improvements. Half of this set-aside is to raise salaries and benefits. The rest is for training and technical assistance, facilities, and transportation. The Clinton Administration has now gone a step further and asked for more thorough plans to enhance quality and to proceed with expansion. Donna Shalala, Secretary of Health and Human Services, has appointed an Advisory Committee on Head Start Quality and Expansion to make recommendations on both counts. The group consists of scholars, educators, government officials, and people who deliver Head Start, including a Head Start parent. Both President Clinton and Secretary Shalala are to be commended for acknowledging the program's deficiencies and seeking solutions rather than stonewalling in typical government fashion. Their commitment encourages me to believe that in due course, all Head Start centers will live up to the program's ideal.

But inconsistent quality is not the project's only fault. It has others that have concerned me since I sat on the planning committee so many years ago, and I am afraid they will be more difficult to fix. One is the lack of socioeconomic integration. Of course, Head Start began as a War on Poverty program, so it was necessarily limited to the poor. Yet the planners realized that just as it was wrong to segregate children by race, it was wrong to separate them by SES. We recommended that centers open 10% of their slots to families above the poverty line. This was a token gesture meant to be a hint for the future evolution of the program. Yet because centers must give priority to low-income applicants, and because there have never been enough funds to serve all of those eligible, even the 10% goal has never been achieved. The result is that poor children attend Head Start and wealthier children attend other settings. This lack of integration cannot prepare children from either income level for the real world, and it denies them the opportunity to learn from interactions with one another.

Designing Head Start as a program for poor children also had the deleterious effect of stereotyping. Families who are below poverty are grouped as having homogeneous needs that can be addressed by Head Start, while those above the line are viewed as not needing such services. Yet many poor families function quite well despite limited financial resources; others who are slightly or even well above the poverty line suffer many problems that hinder parenting and other life activities. We all know that the

official poverty index, based on food consumption standards in the 1950s, is terribly outdated. Other federal programs such as food stamps, Medicaid, and WIC have raised income guidelines in order to serve families in genuine need. Yet Head Start, cast in the mold of an official poverty program, cannot serve these over-income individuals.

Another problem that has lingered since Head Start's early years is the half-day, school-year program model. Some centers do offer summer programs, and a small percentage have extended hours to accommodate children whose parents work. But in general, Head Start does not provide full-day, year-long services. With the implementation of the Family Support Act and its JOBS program, which requires welfare recipients with preschool-age children to work or receive training, many children who could benefit from Head Start may be unable to attend because their parents cannot leave work in the middle of the day to shuffle them between preschool and day care, and certainly cannot take the summer off.

The irony here is that Head Start was begun in the hope that it could prevent poor children from repeating the cycle of welfare. The purpose of the JOBS program is to help their parents become self-sufficient, but without quality child care, neither program can end welfare as we know it. The mixed system of child care in this nation ranges from excellent to horrendous. One survey showed that many JOBS participants are placing their children in informal, mostly unregulated child care. This is

generally the least stable type of arrangement. Some will receive care that is so poor their optimal development will be compromised. Their mothers may be able to leave welfare while the children are being raised to be the next generation of welfare recipients.

Head Start has always been a two-generation program. The time has come for it to expand its commitment to parents by offering full-day services to those who need them. This would benefit not only that half of the participants who receive welfare, but the other half who are struggling not to.

Not only are Head Start's hours too short, but so is the intervention itself. The project was conceived during a naive and optimistic era of developmental psychology. A common belief was that if children were only given the right experiences at the right time, they would develop into better human beings. Many actually believed that a few weeks of Head Start would inoculate children against the ill effects of poverty for the rest of their lives. These high hopes are still alive today in the enthusiasm surrounding expansion. The belief seems to be that if we can deliver a dose of Head Start to all poor 4-year-olds, they will be immune to future failure.

The idiocy of the inoculation model is obvious. Poor children are still poor after they attend Head Start, and they are going to have a difficult time keeping up with more advantaged classmates in school. It is really not surprising that program graduates begin school with the readiness skills

they need but soon fall behind. Some critics have argued that the program comes too late, that by the time a child is 3 or 4 years old development is already marred by socioeconomic deprivation. Others believe that because Head Start was meant to help poor children succeed in school, the intervention should be delivered during the school-age years. Experimentation within Head Start has proven both arguments to be right.

Head Start has long been a national laboratory for the development of effective interventions. This research has not been limited by the age constraints of the preschool program model. In fact, the biggest portion of Head Start's experimental agenda has been to develop ways to serve very young children. Just 2 years after the Head Start project began, the Parent and Child Centers were opened to provide supportive services and parent education to families and children from birth to age 3. Other efforts to reach younger children include the Indian and Migrant Head Start programs, the highly successful but discontinued Child and Family Resource Program, and the Comprehensive Child Development Centers. These efforts are preventive rather than remedial, aiming to reach disadvantaged families of very young children before developmental damage occurs.

Head Start also inspired several programs to meet the needs of children beyond the preschool years. Soon after the project began, Follow Through was launched to continue services through the early years of school. The plan was for Follow Through to

become a national program of the same scope as Head Start, but the expected funding was never delivered. The program was allowed to continue as an experiment in planned curriculum variation, and it still exists in this form. The original concept was never abandoned, however. As I will discuss in a minute, the new Head Start Transition Project is the most recent attempt to extend the Head Start model into the primary grades.

The net result of all of these efforts has been to shape a new approach to early intervention that embraces the consecutive stages of child development. We have come to realize that a year or two of preschool cannot turn children into geniuses or forever free them from poverty. Instead we must give a long-term commitment to at-risk children throughout their growing years. The time between birth and age three is a period of rapid growth that lays the physical and socioemotional foundations for all later development, including the capacity to benefit from preschool. And the advantages derived from preschool can be quickly lost without a smooth transition to a school environment that builds upon previous gains.

These insights form the cumulative contribution of the Head Start experiment. We now know what quality components are necessary to build successful interventions. We know that with very high-risk groups in particular, services must be delivered for a long enough period of time to impart meaningful benefits. The time has come to put this wisdom to use. We must develop a 0 to 3 Head Start. For preschoolers, we must offer a bigger,

better Head Start program. And the Head Start Transition Project must be available to all of them in the early grades of school. Allow me to give some details about these three components of an early childhood intervention system.

There is overwhelming evidence attesting to the importance of preventive services in the first years of life. What we need is a plan to define and deliver these services to at-risk infants from the prenatal period on. A wealth of expertise has been devoted to this task. Some of the nation's most respected professional organizations, advocacy groups, and private foundations have sponsored countless panels and reports on the need for a federal effort on behalf of very young children and have put forth inspiring plans to achieve one. With this momentum, and with the knowledge and dedication represented by this cadre of experts, the country today has the human resources necessary to mount a national intervention program for disadvantaged infants and toddlers. This opportunity poses the most promising chance we have had since 1965 for our society to attempt new ways to address the ills of poverty and the causes of school failure.

I have been working with the Carnegie Task Force on Meeting the Needs of Young Children to advise the Clinton Administration on planning a 0 to 3 Head Start. The original Head Start program was developed by a committee of 14 scholars from a variety of disciplines, a mix that gave Head Start the comprehensiveness that is its strength. I recommend that a similar committee be

called to design the new 0 to 3 effort.

While they will want to repeat the successful elements involved in Head Start's planning, they will also want to avoid the mistakes. One lesson we learned is that it is unwise to begin very quickly and on a large scale. The new program must be more carefully developed and should be tried out as a pilot project. The Children's Defense Fund suggests that 5% of Head Start expansion funds be used to increase services for very young children. In their proposal, this would cost $50 million the first year, increasing to about $172 million in the fifth year. This amount, combined with the sums Head Start already spends on services for infants and toddlers, would fund a reasonably sized demonstration phase and provide for well-paced expansion.

Another flaw within Head Start that can be corrected in the 0 to 3 program concerns the provision of child care for working mothers. Today over half of mothers with infants under 1 year old work outside the home. Many mothers who receive welfare would prefer to hold a job, or they may have to work or return to school as a result of welfare reform. Quality child care must be available to their children. The new intervention program must offer child care services tailored to the needs of infants and toddlers. These could be provided in a center or through a network of family day care providers trained by Head Start.

The quality of care must be assured by performance standards similar to those mandated for preschool Head Start but adapted to the needs of younger children. To this day, there are no

national standards for the Head Start programs that serve children before the preschool age. This is not for a lack of knowledge. Child care experts generally agree on what practices are required to promote sound development in this age group. They have similar recommendations for optimum group sizes, child/staff ratios, and caregiver training. The 0 to 3 planning committee can seize this wisdom and at last use it to benefit young children who receive supplementary care. The existence of federal quality standards might even set an example for the private sector to enhance the quality of care delivered to millions of nonpoor children.

An early intervention program that includes a child care component has the potential for avoiding the socioeconomic segregation of Head Start. Parents of all economic classes are finding good infant care unavailable or unaffordable. If the care was offered on a sliding-fee scale based on family income, it is highly likely that wealthier parents would enroll. This would create a degree of integration not currently found in publicly funded child care settings.

The preschool segment of the early intervention system can be developed by expanding and improving our current Head Start program. Preschool education is the obvious strategy for achieving the national education goal of having all children enter school ready to learn. Head Start has been preparing preschoolers for elementary school for nearly 30 years, and several hundred studies have shown that they <u>are</u> ready for school

when they get there. To continue this success, however, all Head Start programs must deliver high quality services. I have already discussed some of the areas in need of improvement. What I want to talk about now is the need to plan expansion so it does not jeopardize quality.

Policymakers appear committed to expanding Head Start. They are trying to deliver on promises to provide full funding so that all eligible children are given the opportunity to attend. This is an admirable goal but one that must be better defined. The term "full enrollment" means different things to different people, and none of them can say how much it will cost. Because it will involve a tremendous number of children and a lot of money, the Bush administration attempted to limit enrollment to a single year of a half-day program for poor 4-year-olds. In light of what we know about the importance of developmental continuity, this plan goes against the wisdom of the field and shortchanges the participants. It also threatens the flexibility that Head Start programs have always enjoyed. With the increasing numbers of working mothers, local centers need the option of remaining open all day. And, given the needs of today's impoverished families, we need to study whether some participants can be better served by a 2-year program.

My advice to policymakers is to stop playing this numbers game. Head Start is a sound program that delivers many benefits to poor children and families. It should be expanded eventually to serve all of those who can be helped by this type of program,

including those whose poverty status is not "official." It should be offered for 1 to 2 years, full- or part-day, depending on individual need. This expansion goal will not be reached overnight, but it can be attained if we steadily commit the resources required to make meaningful progress each year. Already, though, expansion monies have fallen far below those authorized. In Fiscal Year 1993, $2.8 billion was appropriated, less than half the amount authorized. If our intention is to fully fund Head Start, we must begin to do so and not just talk about what a good idea it is. Note that while President Clinton requested $1.4 billion for the coming fiscal year, the House of Representatives is providing only $500 million which is inadequate for successfully completing the task of quality improvement and expansion.

But simply throwing money at the program is not the way to help Head Start grow. This fiscal year alone the goal was to add 5,000 classrooms and 100,000 children. The funds were there but the planning was not. Many centers could not find enough qualified teachers or staff. Many could not secure more space in such a short time. Some could not even find enough eligible children to enroll. The appointment of the new Advisory Committee on Quality and Expansion is better late than never, and their advice will hopefully put an end to this blind rush. Management must be up to the task of implementing their recommendations, however, and I am afraid this may not be the case. Budgets and staffing at the regional level have been

greatly reduced. The structure of administration at the national level is in a state of disarray. As one example, responsibility for health services has been moved to another division in the Department of Health and Human Services. This leaves a void in leadership for this vital component and contradicts the philosophy of a program of integrated services. If Head Start is to improve and to grow, so must its management.

The third stage of the intervention system is for children of school-age. This type of effort already consumes the lion's share of federal education expenditures. Chapter 1 of the Elementary and Secondary Education Act began the same year as Head Start and now exists in the majority of American schools. The program receives well over $6 billion annually--more than twice as much as Head Start. The problem is this money is not very well spent. Evaluation has been sparse considering the size of the program, but what evidence there is shows that Chapter 1 has not had much success in improving the achievement levels of poor children. Part of the reason is that program funds are spread too thinly. Chapter 1 targets children from preschool to high school who are economically or "educationally" deprived, whatever that may mean. A deeper cause of Chapter 1's failure lies in its design. The program contains none of the elements that we now know are necessary for successful intervention: it is remedial rather than preventive, services are academic rather than comprehensive, and parent involvement and developmental continuity are minimal. A more informed approach is needed to

enable poor children to succeed in school.

Such an approach is embodied in the new Head Start Transition Project, which is currently in the demonstration phase. The program begins at the time of transition from Head Start to the school environment and lasts through grade three. The project is soundly based on the knowledge accumulated in the early intervention field: it contains all the elements known to characterize effective programs. Comprehensive services will be continued for 4 years beyond Head Start, giving children more protection against common health and social problems that can interfere with learning. Also to be continued is Head Start's individualized and developmentally appropriate program. Preschool and school educators will be required to coordinate their curricula and pedagogies, making the two school experiences less fragmented for young learners. Parental involvement is assured because, as in Head Start, each Transition grantee must have a plan for including parents in the design, management, and operation of the program. Finally, family services coordinators will work to assure that each child's family receives the support services they need for the full 4 years of transition.

A small but convincing body of evidence indicates that the Transition Project should be a success. Longitudinal studies of children who attended both early childhood and dovetailed school-age programs in the Abecedarian Project, the Chicago Child-Parent Centers, the New Haven Follow Through, the Deutschs' early enrichment program, and Success for All all show that continuing

intervention into the early grades can give poor children the footing they need to succeed in school. Once the transition demonstration programs are evaluated, it will be compelling to move the project into the educational mainstream where its potential can be realized nationwide.

I have developed plans to do so by restructuring the massive Chapter 1 program. Chapter 1 should adopt the model of the Transition Project and become the school-age version of Head Start. As Head Start expands to serve all eligible children, Chapter 1 can continue their intervention in grammar school. Coordinated curricula and continued parent involvement and comprehensive services will then be firmly placed in schools that serve populations below the poverty level. Students above the income standards can also be expected to benefit because Chapter 1 will no longer be basically a pull-out program but will involve teachers in all classrooms that have former Head Start students. Ineligible students could perhaps obtain the noneducational services of the program like health and child care for a fee, a notion spelled out in the popular but vetoed Comprehensive Child Development Act of 1971. This would help to integrate the program to a degree not currently possible. Based on sound knowledge and big enough to make a difference, this new face for Chapter 1 holds promise for truly closing the achievement gap between poor and nonpoor children.

The three-stage intervention I have just described would do more than a year or two of preschool possibly could to help children and families overcome the devastating effects of poverty. A parent-child program would begin prenatally and continue through the age of three. Quality preschool services would then be provided, overlapping with the start of elementary school to assure a smooth transition between the two stages of schooling. To keep the momentum toward success going in the long process of public education, dovetailed services would continue from kindergarten through grade three. Each phase of the intervention would provide health care and nutrition, developmentally appropriate social and educational experiences, and quality child care if needed. Parents would be involved in the program and would receive parenting education and family support to promote healthy family functioning.

We already have the knowledge and many of the human resources needed to build this early childhood intervention system. By making better use of current federal expenditures in this area, we can also supply some of the financial resources. Of course, to give access to all disadvantaged children in need of intervention, further outlays from tax coffers will be required. At a time of a deficit crisis, these added expenses may seem out of the question. Yet if we think of them as an investment in human capital, they are not difficult to justify. Preventive services are less costly than remedial ones. Children who begin life healthy and acquire the skills and motivation to

learn have a good chance of learning. As they grow to become contributing members of the society, the small investment made in their early years will have compounded to reap a handsome dividend.